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Apr 16, 1999 8:00 am
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04-16-1999 90018 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745622

1. Corporation Name

INTER-AMERICAN PHARMACISTS ASSOCIATION, INC.

Principal Place of Business

14217 SW 45TH ST
 MIAMI FL 33175
 US

Mailing Address

14217 SW 45TH ST
 MIAMI FL 33175
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/17/1979

4. FEI Number

65-0127292

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

GALLO, RAUL
12830 S.W. 116TH ST.
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Raul Gallo
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/99

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GALLO, RAUL	
STREET ADDRESS	12830 S.W. 116TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VALIENTE, JOSE	
STREET ADDRESS	2000 S.W. 139TH CT.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GONZALEZ-ABREU, MAYRA	
STREET ADDRESS	13921 SW 30TH ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE LA HUERTA, ANA	
STREET ADDRESS	5935 SW 108TH PL	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, HUMBERTO	
STREET ADDRESS	14217 S.W. 45TH ST.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	DIAZ, ARTURO	
STREET ADDRESS	5501 SW 89TH AVE	
CITY-ST-ZIP	MIAMI FL 33185	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carl R. Hayes	
1.3 STREET ADDRESS	16630 S.W. 80 Ave.	
1.4 CITY-ST-ZIP	Miami, FL 33157	
2.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Humberto S. Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 887-6189

CR2E037 (1/98)